Nov. 13, 1944
Belgium

Good-evening, ma cherie -

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To add to my notations on the F.H. the following has occurred to me. Although I believe firmly in the concept of getting definitive surgery close to the patient, and this of course implies danger to hospital personnel, indeed almost assures it in the face of a reverse in the line, this danger can be minimized by judicious location of the hospital unit. Because of unfamiliarity with the handling of Field Hospitals, I have observed certain mistakes made in this regard by those whose job it was to make these decisions. For example, I know of a unit that was placed at one corner of a cross-roads, on the main line of traffic. On the other corner was a battery of 90 mm AAA (Every time they went off the tent would shake, and all the patients would wake up). On another corner was a field full of tanks. The flank was only 1/2 mile away, and machine gun and small arms fire was constantly audible. Situation: hospital right smack in the midst of legitimate military targets. Result: Every night the area was alight with flares and frequent strafing and bombing runs were made by Jerry planes. Bombs and bullets lit frequently in the hospital area. An airplane was shot down, and crashed in the hospital's front yard. During the day, occasional artillery shells wandered in. Finally, one lit right in the operating room. Fortunately, no operation was in progress, and only minor injuries were sustained. Alternative location: three hundred yards away, a hundred yards off the lesser cross-road was an adequate field, not immediately adjacent to military objectives. Moral: Unless necessary, because of terrain, crowding of units, tactical priorities, etc., a F.H. should not be placed immediately adjacent to military objectives.

Another field hospital unit was in support of an armored unit. It was set up by order on a flat field between a river and a canal paralleling each other; a bridge over each flanked the hospital a couple of hundred yards away. In the field were several AAA guns mounted to guard the bridges. The nature of the roads was such that if one bridge were destroyed, no patients could reach the hospital; if the other, none could be evacuated, and daily necessary supplies could not have been obtained. Result: The second night in that location, 23 high-explosive shells landed in the immediate hospital area. Fortunately, only damage was to tents. The hospital was withdrawn. Moral: (1) Same as above. (2) Consideration must be given to the probable permanance of routes of evacuation.

Another field hospital I knew about was placed across the road from an ammunition dump! There were frequent air attacks aimed at this, and bullets and airplanes lit in the hospital area. An alternative field was available, 1/4 mile away. Moral: obvious.

It is heart-rending to see the effect of an air attack on wounded, and hence, defenseless, men. Under such conditions, or with artillery blasts shaking the tent, patients suffer. Also, even the most inured surgical personnel find it hard to maintain the steady rhythm of the operating room. Some find it impossible.

It is true that there are probably no "quiet, safe" places that close to the front, but it is largely a matter of relativity. Some are better than others, and consideration should be given to these factors when hospital sites are chosen.

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But enough of this -- I think next time, or soon, I will start introducing you to the life and personalities of our tent. We constitute a rather unique and well rounded group.

Lots of love, sweetheart. Yesterday I went into town and attended the symphony concert at the Royal Conservatory. The orchestra is fair to good; the hall is very interesting - looks a little like the Met. I sat <u>behind</u> the orchestra, looking at the audience and facing the conductor. I'd never had that experience before, and found it rather amusing. Then later, Ernie, Thad & I had a gay evening (until 9 o'clock curfew) even finding some Alexander cocktails - c'est la guerre.

G'nite sweet

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